## UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re:	Case No. 16 B 24278
Daryn Johnson	
Debtor(s)	
<b>,</b>	
	I

## CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Marilyn O. Marshall, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 07/28/2016.
- 2) The plan was confirmed on 01/25/2017.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C.  $\S$  1329 on 04/17/2017.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on 03/03/2017, 08/01/2017.
  - 5) The case was Dismissed on 08/14/2017.
  - 6) Number of months from filing to last payment: 10.
  - 7) Number of months case was pending: <u>19</u>.
  - 8) Total value of assets abandoned by court order: <u>NA</u>.
  - 9) Total value of assets exempted: NA.
  - 10) Amount of unsecured claims discharged without payment: \$0.00.
  - 11) All checks distributed by the trustee relating to this case have cleared the bank.

## Receipts:

Total paid by or on behalf of the debtor \$1,853.80 Less amount refunded to debtor \$0.00

NET RECEIPTS: \$1,853.80

## **Expenses of Administration:**

Attorney's Fees Paid Through the Plan \$1,467.90
Court Costs \$0.00
Trustee Expenses & Compensation \$85.90
Other \$0.00

TOTAL EXPENSES OF ADMINISTRATION: \$1,553.80

Attorney fees paid and disclosed by debtor: \$350.00

Scheduled Creditors:						
Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
AMITA Health Adventist Medical Center	Unsecured	1,890.00	1.914.40	1.914.40	0.00	0.00
Arnold Scott Harris PC	Unsecured	55,529.00	NA	NA	0.00	0.00
AT&T	Unsecured	633.00	NA	NA	0.00	0.00
Bank Of America NA	Unsecured	0.00	312.00	312.00	0.00	0.00
Car Financial Services	Secured	2,459.61	1,920.80	1,920.80	300.00	0.00
City of Chicago Department of Revenue	Unsecured	13,000.00	11,506.98	11,506.98	0.00	0.00
Corporate America Family CU	Unsecured	2,529.00	3,199.26	3,199.26	0.00	0.00
Credit Control	Unsecured	667.00	NA	NA	0.00	0.00
Family Dental Center	Unsecured	102.00	99.28	99.28	0.00	0.00
Illinois Department Of Healthcare And Fa	Priority	7,292.85	NA	NA	0.00	0.00
Illinois Dept of Revenue 0414	Priority	800.00	994.81	994.81	0.00	0.00
Illinois Dept of Revenue 0414	Unsecured	0.00	127.00	127.00	0.00	0.00
Metro South Medical Center	Unsecured	0.00	2,158.06	2,158.06	0.00	0.00
Peoples Energy Corp	Unsecured	181.00	180.85	180.85	0.00	0.00
Quantum3 Group	Unsecured	55.00	55.42	55.42	0.00	0.00
Vion Holdings LLC	Unsecured	6,550.00	NA	NA	0.00	0.00
WELLS FARGO BANK	Unsecured	284.00	NA	NA	0.00	0.00

<b>Summary of Disbursements to Creditors:</b>			
·	Claim	Principal	Interest
	Allowed	<u>Paid</u>	<u>Paid</u>
Secured Payments:			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$0.00	\$0.00	\$0.00
Debt Secured by Vehicle	\$1,920.80	\$300.00	\$0.00
All Other Secured	\$0.00	\$0.00	\$0.00
TOTAL SECURED:	\$1,920.80	\$300.00	\$0.00
Priority Unsecured Payments:			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$994.81	\$0.00	\$0.00
TOTAL PRIORITY:	\$994.81	\$0.00	\$0.00
GENERAL UNSECURED PAYMENTS:	\$19,553.25	\$0.00	\$0.00

Disbursements:		
Expenses of Administration Disbursements to Creditors	\$1,553.80 \$300.00	
TOTAL DISBURSEMENTS :		<u>\$1,853.80</u>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 02/26/2018 By: /s/ Marilyn O. Marshall
Trustee

**STATEMENT**: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.